RETURN TO:
HR DIRECTOR/ASSISTANT TO THE CITY MANAGER
CITY OF COLUMBIA HEIGHTS
590 40TH AVENUE NE
COLUMBIA HEIGHTS, MN 55421

DATE RECEIVED BY CITY:	

CITY OF COLUMBIA HEIGHTS EMPLOYMENT APPLICATION

We welcome you as an applicant for employment. Your application will be considered in competition with others for the postion in which you are interested. Please furnish complete information as outlined in this application. Submission of an incomplete application may disqualify you from consideration for employment. All information contained in or connected with this application will be considered for use only in conjunction with your possible employment with the City of Columbia Heights. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying. It is the policy of the City of Columbia Heights to provide equality of opportunity in employment to all persons. The City of Columbia Heights does not discriminate on the basis of race, color, religion, national origin, political affiliation, marital status, disability, sex or age (except when sex or age is a bona fide occupational qualification) in all aspects of its personnel policies, programs, practices, operations, and provision of services. Please print in ink or type.

POSITION APPLIED FOR							
ANNUAL SALARY DESIRED	ARE YOU INTI	erested in full-timepart-tim	ETEMPO	rary/season		ATE AVAILA	ABLE
PERSONAL INFORMATION							
LAST NAME	FIRST	MIDDLE		SOCIAL SEC	CURITY NUMBER		
PRESENT PERMANENT ADDRES	GS .		CITY				
COUNTY	STATE	ZIP		DAY TELEPH	ONE NO.	НОМЕ	E TELEPHONE NO.
ARE YOU WILLING TO WORK ON ARE YOU A UNITED STATES CITIZ EDUCATION AND TRAINING HOW MANY YEARS OF SCHO	EN OR IF NOT, DO YOU HA	AVE PERMISSION TO WORK	7 8 9 10 11	12 13	14 15 16	17 18	19 20+
TYPE OF SCHOOL	NAME AND ADDRES	ELEMENTARY SS OF SCHOOL	DIPLOMA, CERTIFICA	DEGREE OR	QTR./SEM. CREDIT TOTA		DUATE OR & MINOR SUBJECTS
HIGH SCHOOL							
COLLEGE/UNIVERSITY							
COLLEGE/UNIVERSITY							
GRADUATE SCHOOL							
TECHNICAL/VOCATIONAL							
TECHNICAL/VOCATIONAL							

	SPECIAL COURS		training programs you atte	NDED THAT MIGHT RELATE TO THIS POSITION.
PLEASE REVIEW THE JOB POSTING BEFORE RESPONDING. COURSE TITLE OFFERED BY LENGTH OF			ROGRAM	TOTAL CLASSROOM HOURS
EMPLOYMENT HISTORY				
				NT LEAST THE LAST FIVE YEARS. IT IS IMPORTANT TO MITTED IN SUPPORT OF, BUT NOT IN LIEU OF, THE
PRESENT OR LAST EMPLOYER		ADDRESS	CITY	STATE ZIP CODE
SUPERVISOR'S NAME AND TITLE			PHONE NO.	MAY WE CONTACT ?
		Lucuro worker repluser	LOD TITLE	YES NO
DATES EMPLOYED (MO/YR) FROM TO		HOURS WORKED PER WEEK	JOB TITLE	IF NOT, WHY?
REASON FOR LEAVING OR SEEKING OTHE	R EMPLOYMENT			
REAGON FOR ELAVING ON SEEMING OTHE	IN EIVII EO IIVIEIVI.			LAST SALARY
PRINCIPAL DUTIES AND RESPONSIBILITIES:F	PERCENTAGE OF	TIME SPENT IN EACH AREA OF RESPO	NSIBILITY	
1.	%			
2.	%			
3.	%			
4.	%			
5.	%			
SECOND LAST EMPLOYER		ADDRESS	CITY	STATE ZIP CODE
SUPERVISOR'S NAME AND TITLE			PHONE NO.	MAY WE CONTACT ?
DATES EMPLOYED (MO/YR)		HOURS WORKED PER WEEK	JOB TITLE	YES NO
FROM TO				
REASON FOR LEAVING OR SEEKING OTHE	R EMPLOYMENT:			LAST SALARY
PRINCIPAL DUTIES AND RESPONSIBILITIES:F	PERCENTAGE OF	TIME SPENT IN EACH AREA OF RESPO	NSIBILITY	
1.	%			
2.	%			
3.	%			
4.	%			

%

5.

EMPLOYMENT HISTORY CONTINUED

THIRD LAST EMPLOYER		ADDRESS	CITY	STATE ZIP CODE	
SUPERVISOR'S NAME AND TITLE			PHONE NO.	MAY WE CONTACT ?	
				YES NO	
DATES EMPLOYED (MO/YR)		HOURS WORKED PER WEEK	JOB TITLE	IF NOT, WHY?	
FROM TO					
REASON FOR LEAVING				LAST SALARY	
PRINCIPAL DUTIES AND RESPONSIBILITIES:PERCI	ENTAGE OF	TIME SPENT IN EACH AREA OF RESPONSI	BILITY		
1.	%				
2.	%				
3.	%				
4.%					
5.	%				
FOURTH LAST EMPLOYER		ADDRESS	CITY	STATE ZIP CODE	
SUPERVISOR'S NAME AND TITLE			PHONE NO.	MAY WE CONTACT ?	
DATES EMPLOYED (MO/YR)		HOURS WORKED PER WEEK	JOB TITLE	IF NOT, WHY?	
FROM TO		HOOKS WORKED I EK WEEK	JOB HILL	II NOI, WITTY	
REASON FOR LEAVING					
REASON FOR ELAVING				LAST SALARY	
	ENT. OF OF	THE OPEN THE SECOND APPEAL OF PEOPLE AND A PEOPLE APPEAL OF PEOPLE APPEAL	DUITV		
PRINCIPAL DUTIES AND RESPONSIBILITIES:PERCI		TIME SPENT IN EACH AREA OF RESPONSI	BILITY		
1.	%				
2.	%				
3.	%				
4.	%				
5.	%				
OFFICE EQUIPMENT/COMPUTER SOFTWA	RE PROGI	RAMS			
WHAT OFFICE MACHINES DO YOU OPERATE PR	ROFICIENTLY	ş			
Typing speed wpm					
	FECULIO (D.)	FA FNITDV2 VCC NC			
DO YOU HAVE EXPERIENCE WITH WORD PROC LIST COMPUTER SOFTWARE YOU USE PROFICIEN		ia entry? Yes no			

DRIVER'S LICENSE INFORMATIONCOMPLETE ONLY IF	POSITION REQUIRES A DRIVE	R'S LICENSE				
DO YOU CURRENTLY HAVE A MINNESOTA DRIVER'S LICENS DO YOU CURRENTLY HAVE A MINNESOTA COMMERCIAL D		NO NO				
mn driver's license no. and class:	endorsements	S:	EXPIRATION DATE:			
OTHER DRIVER'S LICENSES (LIST STATE, CLASS, AND NO.)						
WHAT TRAFFIC VIOLATIONS HAVE YOU HAD IN THE LAST F	IVE YEARS? INCLUDE BRIEF D	ESCRIPTION OF	VIOLATION AND	DATE.		
OTHER LICENSES						
F RELEVANT, LIST OTHER CURRENT REGISTRATIONS, LICENSES	OR CERTIFICATES YOU HAVE.	INCLUDE DATE	FIRST ISSUED AND	EXPIRATION OF CU	rrent issuance:	
registrations, licenses, certific	ATES		DATE ISSUED		EXPIRATION DATE	
SUPERVISION						
HAVE YOU EVER SUPERVISED PEOPLE? YES	NO FOR W	NHOW\$				
CHECK THE FUNCTIONS WHICH YOU HAVE PERFORMED AS	A SUPERVISOR.					
INTERVIEW CANDIDATE RECOMMEN	ND FOR HIRE C	CONDUCT EVAL	UATION OF PERFO	DRMANCE	RECOMMEND SALARY INCREASE	
DISCIPLINE EMPLOYEE FIRE EMPLO	YEE (COUNSEL EMPLO	OYEE		ESTABLISH OBJECTIVES	
MILITARYCOMPLETE THIS SECTION IF YOU SERVED IN THE U.S.	. ARMED FORCES			1		
DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING				BRANCH OF SERVICE		
				LENGTH OF ACTIVE DUTY		
			RANK AT DISCHARGE			
				<u></u>		
UNSALARIED EXPERIENCE (USE ADDITIONAL SHEET IF NEC	CESSARY)					
VOLUNTEER ORGANIZATION	STREET			CITY	STATE ZIP CODE	
POSITION HELD DUTIES PERFORMED						
IMMEDIATE SUPERVISOR			PHONE NO.			
DATES OF PARTICIPATION: HOURS PER WEEK: SKILLS LEARNED			D			
REFERENCES PLEASE GIVE THE NAMES OF TWO PERSONS (NO	OT PELATED TO YOU!! WHO CAN "	TESTIEY TO YOUR	CHARACTER AND	QUALIFICATIONS.		
NAME AND OCCUPATION	TREPRES TO TOO,	ADDRES:		SOMETHER WISE.	PHONE NUMBER	
		·	<u> </u>		THORIE HOMBE.	
CONVICTION INFORMATION NO PERSON SHALL BE DECRIMES, UNLESS THE CRIME OR CRIMES FOR WHICH CODIRECTLY RELATES TO THE POSITION OF PUBLIC EMPLOYM 364. FINAL APPLICANTS WILL BE SUBJECT TO A CRIMINAL COMPLETE ONLY IF APPLYING FOR A POSITION WITHIN THE	ONVICTED DIRECTLY RELATE MENT SOUGHT, THE HIRING A L BACKGROUND INVESTIGA	to the positic uthority shal ation.	ON OF EMPLOYA LL CONSIDER THE	MENT SOUGHT. IN I	DETERMINING IF A CONVICTION	
HAVE YOU EVER BEEN CONVICTED AS AN ADULT OF A FEL	ONY, GROSS MISDEMEANOR,	, OR MISDEMEA	NOR FOR WHICH	A JAIL SENTENCE CA	AN BE IMPOSED?	
YES NO IF YES:	Date of Offense and Loca	ıtion:		Disposition:		
Nature of offense:						
Nature of offense:	Date of Offense and Locat	lion:		Disposition:		

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's preference points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VE	TERAN'S PREFERENCE POINTS?	YES NO		
If you answered "yes", your I deadline for the position.	DD214 or other documentation	must be received no later than t	he application	
VETERAN'S PREFERENCE POI	NTS APPLICATION			
Veteran Self Spouse	If spouse, veteran's name:			
Branch of Service:		Period of Active Duty From:	То:	
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:	
Do you have a compensab	le service-related disability?			
Preference Requested:	Veteran Disabled Veteran	Spouse of Disable Spouse of Deceas		
Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than the application deadline for the position in order to guarantee points are awarded in a timely manner.				
Supporting documentation: is attached will be submitted no later than the application deadline.				

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Columbia Heights during the application process orduring employment.

Any information about yourselfthat you provide to the City of Columbia Heights during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application will not be considered.

The information may be provided to:

- 1) Persons authorized under state or federal law; and
- 2) Persons authorized by court order; and
- 3) Persons to whom you consent in writing; and
- 4) All individuals in the City who are authorized.

I authorize and consent to having City representatives make inquiries about the content of this application if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I underst and t hat misrepresent ation or omission of fact s will be cause for cancel lation of consideration for employment or dismissal if employed.

I understand that appointment to a full-time or part-time position is, at minimum, conditional upon a satisfactory check of references, satisfactory background check, and satisfactory completion of a drug and alcohol test.

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

Applicant's Signature:	
Date:	

CITY OF COLUMBIA HEIGHTS

The following requested confidential information will not affect you as an applicant. The voluntary information that you provide will be used to find out how effect ive our recruit ment efforts are in reaching all segments of the population and in validation of our selection and placement methods. The information will not be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promot ion to a position. We would appreciate your cooperat ion in our effort s to ensure A ffirmative A ction and Equal Employment Opportunity.

1.	Date:
2.	Position for which you are applying:
3.	Name:
4.	Sex: Male Female
5.	With which racial/ethnic group do you identify yourself? Please check only one of the following. Black Hispanic American Indian or Alaskan Native Asian or Pacific Islander White
6.	Do you have a disability? Yes No If yes, please explain:
7.	The following information will assist us in surveying our recruitment program. Please cooperate by checking the appropriate line. How did you hear about the job opening? — City of Columbia Heights Administrative Offices — Current City of Columbia Heights Employee — Cable Television - Government Access Channel — College, Technical or High School — Newspaper; specify: — City of Columbia Heights Website — League of Minnesota Cities Website — Other Internet Site; specify: — Minority Group Referral Source; specify: — Women's Referral Source; specify: — Disabled Referral Source, specify: — Bulletin Board postings; specify: — City of Columbia Heights Personnel Hotline — Minnesota State Employment Agency Other: specify:

NOTICE TO APPLICANT

The Minnesota Government Data Practices Act (Minnesota Statutes 13.01 - 13.88) has two sections that affect applicants seeking employment with the City of Columbia Heights.

First, when you are asked to provide personal data, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second, the following information you provide for employment is automatically public:

- Your veteran's status:
- Your job history;
- Your education and training;
- Your relevant test scores;
- · Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be public:

- Your name;
- Your actual gross salary, salary range, and actual gross pension;
- The value and nature of employer paid benefits, including the basis for and the amount of any added remuneration to your salary;
- Your job title and job description;
- The dates of your first and last employment with us;
- The existence and status of any written complaints or charges against you while you work for the City of Columbia Heights, whether or not they resulted in disciplinary action;
- The final disposition of any disciplinary action together with the specific reasons for action;
- Your work location and work telephone number;
- Your education and training background;
- Honors and awards you have received;
- Time sheets or other comparable data that are only used to account for your work time for payroll purposes; and
- Your previous work experience.

All data concerning you which is placed in your personnel files and which is not listed above is private data. This private data will be available to you and to those members of City staff needing it to process City records. In addition, the following persons ororganizations are authorized by State and Federal Law to receive this data if they so request:

- The Bureau of Census
- Federal, State, and County Auditors
- The State Department of Public Welfare
- The Department of Human Rights
- Federal officials investigating compliance with Affirmative Action and Equal Employment Opportunity
- Labor Organizations and the Bureau of Mediation Services
- Data may also be made available through court order

With the exception of demographic data, the data you provide is needed to identify you and to assist in determining your suitability for the position for which you are applying. Racial and ethnic data are used in summary form to monitor protected class employment and meet federal, state, and local reporting requirements. Furnishing racial and ethnic data about yourself is voluntary.